

## "FEE ADDRESS" INDICATION FORM

Address to:

Mail Stop M Correspondence  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

-OR-

Fax to: 571-273-6500

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number

55136

**OR**

☐ The attached Request for Customer Number (PTO/SB/125) form.

| PATENT NUMBER (if known) |         | APPLICATION NUMBER |
|--------------------------|---------|--------------------|
| 6460848                  | 6527271 |                    |
| 7316615                  | 6579181 |                    |
| 6712696                  | 6652379 |                    |
| 6517435                  | 6685568 |                    |
| 6533662                  | 6857961 |                    |
| 6595857                  | 7905784 |                    |
| 6533276                  | 7770893 |                    |
| 6758751                  | 6991544 |                    |
| 6688979                  | 7427234 |                    |
| 7011309                  | 7222852 |                    |
| 6520857                  | 7404765 |                    |
| 6517436                  | 7753798 |                    |
| 6530836                  | 7736236 |                    |
| 6579180                  | 7771272 |                    |
| 6530837                  | 7753779 |                    |
| 6663490                  |         |                    |

Completed by (Check one:)

☐ Applicant/Inventor

☒ Attorney or Agent of record 38,066  
(Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

/Frank Abramonte/

Signature

Frank Abramonte

Typed or printed name

(206) 622-4900

Requester's telephone number

April 11, 2011

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.